



PART B - FEE(S) TRANSMITTAL

B D P

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36237 7590 07/01/2003  
**PARSONS HSUE & DE RUNTZ LLP**  
**655 MONTGOMERY STREET**  
**SUITE 1800**  
**SAN FRANCISCO, CA 94111**

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<b>Eileen Bower</b>	(Depositor's name)
<i>Eileen Bower</i>	(Signature)
<b>9/30/03</b>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/549,451	04/14/2000	Charles Bluth	M-8231 US	8923

TITLE OF INVENTION: HEALTH CARE INFORMATION SYSTEM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1300	\$0	\$1300	10/01/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
ASTORINO, MICHAEL C	3736	600-300000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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- 1 Parsons Hsue
- 2 & de Runtz LLP
- 3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY AND STATE OR COUNTRY)

**Computerized Screening, Inc.** **Sparks, Nevada**

Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☒ corporation or other private group entity ☐ government

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*Deborah de Runtz* **September 30, 2003**  
(Authorized Signature) (Date)

10/09/2003 GGEBREG1 00000040 09549451  
01 FC:1501 1300.00 OP  
02 FC:8001 6.00 OP

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